



F.No-3/ORIC/SZABMU/2026-2784

11th June 2026

CIRCULAR:

Subject: Call for Applications - SZABMU Best Postgraduate Resident Researcher Award 2026

In pursuance of the University's commitment to promote research excellence and foster a vibrant research culture among postgraduate trainees, applications are invited from eligible **Postgraduate Residents of Shaheed Zulfiqar Ali Bhutto Medical University for Best Postgraduate Resident Researcher Award 2026.**

Criteria

Applicants must:

- Be enrolled in a recognized postgraduate residency/training program of SZABMU.
- Have conducted research during the prescribed evaluation period i.e June 2024-11 June 2026
- Be the first author or corresponding author of the submitted research work, wherever applicable.
- Provide evidence of publications, conference presentations, research grants, innovations, or other scholarly contributions.
- Submit ethical approval certificates for research involving human participants or animals, where applicable.

Required Documents

- Applicants are required to submit:
- Duly completed application form.
- Updated Curriculum Vitae (CV).
- Copies of publications and acceptance letters (if applicable).
- Evidence of conference presentations and research awards.
- Ethical approval certificate(s), where applicable.
- Recommendation/endorsement from the respective Supervisor/Head of Department.
- Brief summary of research achievements during the evaluation period.



SHAHED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

Office of Research, Innovation and Commercialization (ORIC)

Islamabad



Submission Deadline

Complete applications must reach the Office of Research, Innovation and Commercialization (ORIC) on or before 22nd June, 2026.

Applications received after the due date or with incomplete documentation shall not be considered.

Submission Method

Applications may be submitted through email at oric@szabmu.edu.pk or by hard copy to the Office of ORIC, SZABMU.

For further information, please contact the ORIC Office at oric@szabmu.edu.pk, 051-9107690

All Heads of Departments, Program Directors, and Principals are advised to disseminate this information among eligible postgraduate residents for maximum participation.

This is issued with approval of the Vice Chancellor, SZABMU.

Director ORIC

Shaheed Zulfiqar Ali Bhutto Medical University

Islamabad

Copy to:

- All respected Deans, SZABMU
- Heads of Departments, Postgraduate, SZABMU
- Deputy Director IT to upload on official website of the University
- Assistant manager ORIC, SZABMU
- PA to Registrar, SZABMU



BEST POSTGRADUATE RESIDENT RESEARCHER AWARD

APPLICATION FORM

PART A: APPLICANT INFORMATION

1. Name of Applicant: _____
2. CNIC No.: _____
3. PMDC Registration No.: _____
4. Residency Program: _____
5. Specialty/Department: _____
6. Year of Training (PGY): _____
7. Date of Joining Residency Program: _____
8. Official Email Address: _____
9. Contact Number: _____

PART B: RESEARCH PROFILE

1. Number of Research Publications During Evaluation Period _____
2. Number of Conference Presentations (National/International): _____
3. Number of Research Projects Completed/Ongoing: _____
4. Research Grants/Funding Received (if any): _____
5. Research Awards/Honors Received (if any): _____
6. ORCID ID (if available): _____
7. Google Scholar Profile Link (if available): _____

PART C: SUMMARY OF RESEARCH ACHIEVEMENTS

Provide a brief summary (maximum 500 words) of your research contributions, publications, presentations, innovations, grants, and other scholarly achievements during the evaluation period.

(Attach separate sheet if required)



PART D: PUBLICATIONS DETAILS

Sr. No.	Title of Publication	Journal Name	(Indexing)	Publication Status (Published/In Press)	Applicant Position	
					(1st Author/Co-author/Corresponding Author)	Author/Co-author/Corresponding Author)
1						
2						
3						

(Attach additional sheets if required)

PART E: CONFERENCE PRESENTATIONS

Sr. No.	Title of Presentation	Conference Name	National/International	Oral/Poster	Date
1					
2					

(Attach additional sheets if required)

PART F: DECLARATION BY APPLICANT

I hereby certify that:

The information provided in this application is true and correct to the best of my knowledge.

The submitted research work was conducted during my postgraduate training period.

All ethical approvals and institutional requirements have been duly obtained wherever applicable.

I understand that any false information may result in disqualification from the award process.

Signature of Applicant: _____

Date: _____



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PART G: ENDORSEMENT BY SUPERVISOR/HOD

It is certified that the applicant is a bonafide postgraduate resident and the information provided in this application has been verified from departmental records.

Name of Supervisor/HOD: _____

Designation: _____

Signature & Official Stamp: _____

Date: _____



CHECKLIST:

Sr. No.	Required Document	Attached (✓/X)
1	Duly Filled Application Form	
2	Updated Curriculum Vitae (CV)	
3	Copy of PMDC Registration Certificate, (If applicable)	
4	Residency Enrollment/Training Certificate	
5	Copies of Published Research Articles	
6	Acceptance Letters for In-Press Articles (if applicable)	
7	Ethical Approval Certificate(s)	
8	Conference Presentation Certificates	
9	Abstracts of Conference Presentations	
10	Evidence of Research Grants/Funding (if applicable)	
11	Evidence of Research Awards/Honors (if applicable)	
12	Copy of ORCID Profile (if available)	
13	Google Scholar Citation Report (if available)	
14	Supervisor/HOD Recommendation Letter	
15	Summary of Research Achievements	